



REGISTRATION PACKAGE ACKNOWLEDGMENT

I received a complete registration package and have signed or will sign, complete and submit the following forms prior to or on the morning of the first day my child attends Great Beginnings Preschool.

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|--|--|
| <input type="checkbox"/> Enrollment Agreement | <input type="checkbox"/> Parental Rights |
| <input type="checkbox"/> ID & Emergency Information | <input type="checkbox"/> Personal Rights |
| <input type="checkbox"/> Health History | <input type="checkbox"/> First Aid Authorization |
| <input type="checkbox"/> Consent for Medical Treatment | <input type="checkbox"/> Water Play |
| <input type="checkbox"/> Physician's Report | <input type="checkbox"/> Parent Handbook |

These forms were explained to me and I understand that failure to submit these forms will result in my child being excluded from school. I also understand that failure to submit an immunization card (or sign an opt-out form) with up to date immunizations as well as advising the school of new immunizations could result in the State of California Department of Health excluding my child from school until immunizations are updated.

Parent Name _____

Parent Signature _____

Date _____